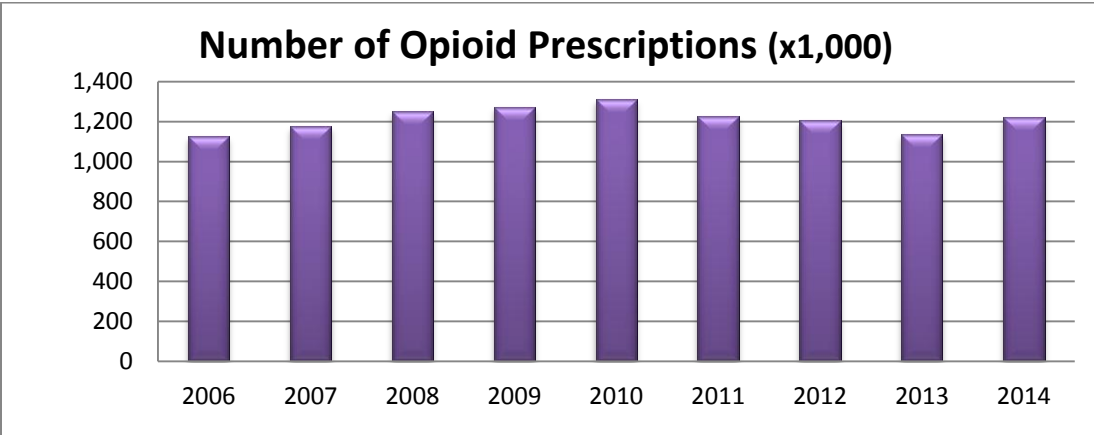
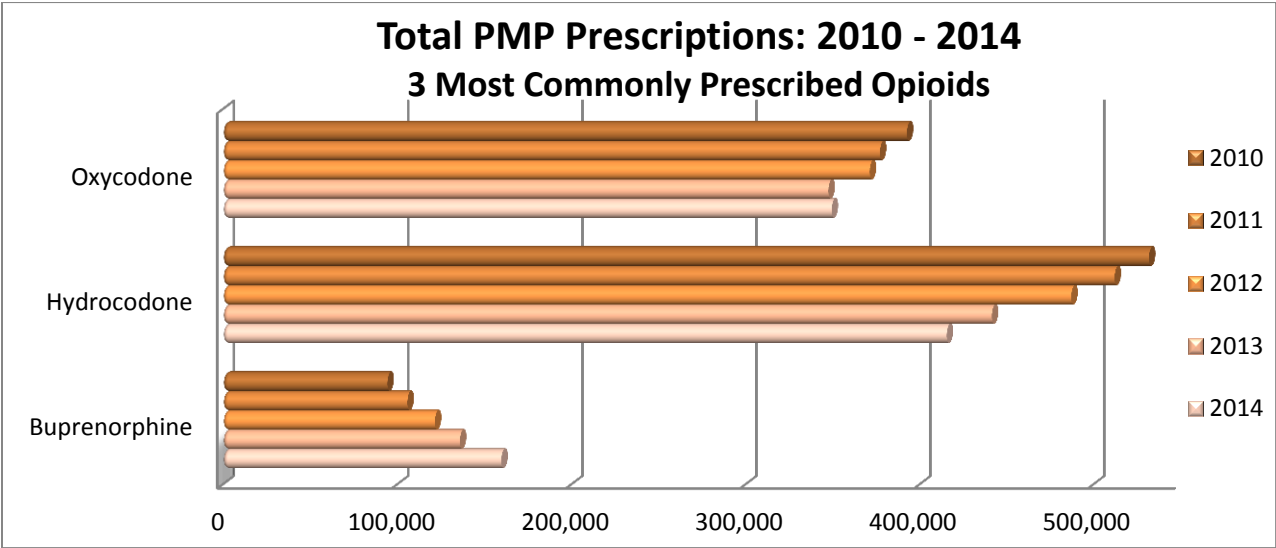


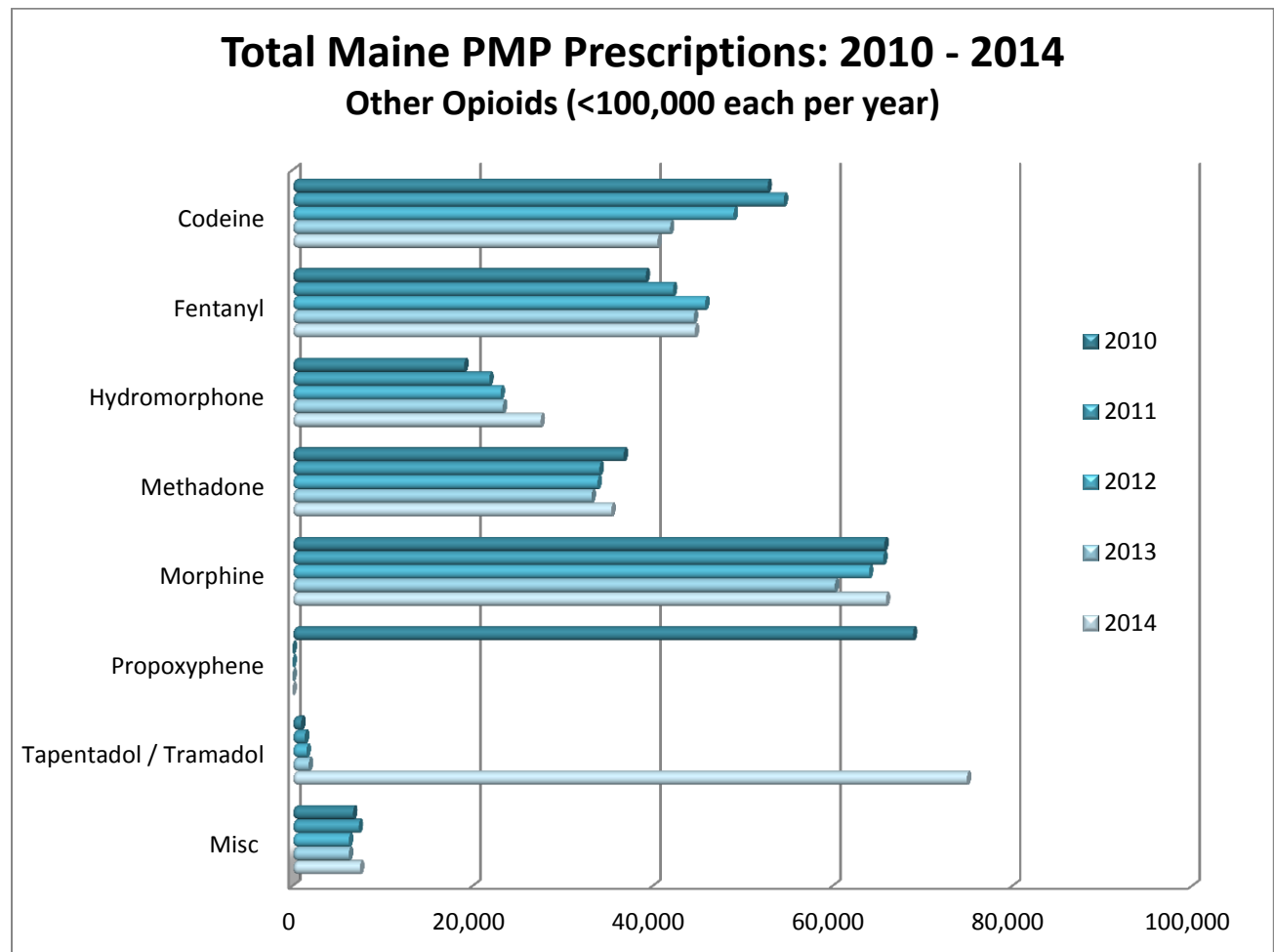
Opioid Prescribing Trends in the Maine PMP, 2010 - 2014



Opioid prescribing peaked in 2010 at 1.31 million prescriptions annually. This peak was followed by a decline in opioid prescriptions from 2010 to 2013 and subsequently an increase in 2014. This recent increase may be related to several factors including: the reclassification of tramadol as a DEA Schedule IV drug in 2014 and an increase in buprenorphine prescribing throughout the timeframe as illustrated below. As many prescription opioids have been reclassified to new DEA scheduled categories or removed from the market, there have been significant changes in prescribing practices within this class over the last 5 years.



The three most commonly prescribed opioids in Maine from 2010 – 2014 were: oxycodone, hydrocodone, and buprenorphine. While prescriptions for both oxycodone and hydrocodone consistently declined from 2010 – 2014, in contrast, numbers of prescriptions for buprenorphine (an approved treatment for opioid use disorders) consistently increased. Of note, hydrocodone was reclassified as a DEA Schedule II (from Schedule III) starting October, 2014, which may impact future prescribing patterns.



Other trends in Maine PMP opioid prescribing include: consistent reduction in codeine prescribing and an increased amount of hydromorphone prescribing. Additionally, propoxyphene was removed from the US market in 2010, and tramadol was reclassified as a DEA Schedule IV (from non-controlled status) in August, 2014.

Data Courtesy of:

John Lipovsky, Coordinator, Office of Substance Abuse, PMP Program

Kenneth McCall, PharmD, Associate Professor, University of New England, College of Pharmacy

Stephanie Nichols, PharmD, BCPS, BCPP, Associate Professor, Husson University, School of Pharmacy

Friday, February 13th, 2015